

Dewdrops Early Learning Enrolment Record

Enrolment date: _____

Date of commencement at the service: _____

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Children's Services Regulations 1998 (Regulations). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist in providing relevant children's services.

Information about the child

Family Name: _____ Given Names: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Sex: M / F

*Cultural background (self-identified) _____

*Language(s) spoken in the home: _____

*Date of arrival in Australia (if applicable): _____

*Is the child of Aboriginal and/or Torres Strait Islander origin?

No Yes – Aboriginal Yes - Torres Strait Islander

Yes - Aboriginal and Torres Strait Islander

Information about the child's parents/guardians/emergency contacts

Parents

Name	Name
Address – as per child or:	Address - as per child or:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Does the child live with this parent? Y / N	Does the child live with this parent? Y / N

Guardians (if applicable)

Name	Name
Address - as per child or:	Address - as per child or:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Does the child live with the guardian? Y / N	Does the child live with the guardian? Y / N

Emergency contacts

There may be times when the child has had an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name	Name
Address:	Address:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Relationship to child:	Relationship to child:

Child care benefit information

Please ensure this information is exactly as it appears on Family Assistance Office documents

Centrelink Contact Name: (Parent Name) _____

Contact's Date of Birth: _____ Contact's CRN: _____

Child's CRN: _____

Court orders relating to the child - CONFIDENTIAL

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? If no, go to the next section. If yes, please complete the following:

1. Bring the **original** court order/s for staff to witness and a copy to attach to this enrolment form.
2. If these orders: a) change the powers of a parent/guardian to:
 - (a) Authorise the taking of the child outside the service by a staff member of the service; consent to the medical treatment of the child; request or permit the administration of medication to the child; or collect the child and/or
 - (b) Give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

Collecting the child from the children’s service

Your consent is required for other people to collect the child from the children’s service on your behalf. Please list the details of those people who can collect the child in the table below.

Details of people who can collect the child

Name	Name
Address:	Address:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Relationship to child:	Relationship to child:

Name	Name
Address:	Address:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Relationship to child:	Relationship to child:

Name	Name
Address:	Address:
Telephone/s: Home/Work/Mobile	Telephone/s: Home/Work/Mobile
Relationship to child:	Relationship to child:

Child's medical and health information

General Practitioner details

Name Doctor/Medical Service: _____

Address: _____

Telephone: _____

Additional needs

Does your child have any additional needs including developmental delay or disability?
Y / N?

If yes please provide details of any additional needs and any management procedure to be followed with respect to the special needs.

Child health assessment

Has your child had their 3½ year old assessment? Y / N

If yes, provide details of any identified issue or attach a copy of the 3½ year assessment from the child health record book.

Allergy or sensitivity

Does your child have any allergy or sensitivity? Y / N

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis Y / N

Does your child have an auto injection device Y / N

Has the anaphylaxis action plan been provided to the service? Y / N

Has a risk management plan been completed by the service in consultation with you?
Y / N

In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. You will be required to provide the service with an individual action plan

for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information can be found at www.education.vic.gov.au/anaphylaxis.

Other medical conditions

Does the child have other any medical conditions and needs (e.g. epilepsy, diabetes, etc) which are relevant to the children's service? Y / N

If yes, provide details of any medical condition and any management procedure to be followed with respect to the medical condition or attached an action plan.

Dietary restrictions

Does the child have any dietary restrictions other than allergies or anaphylaxis identified above? This can relate to religious or lifestyle. Y / N

If yes, provide details:

Child health record

Does the child have a child health record? Y / N

If yes, please provide to the service for sighting.

Immunisation

Has the child been immunised? Y / N

If yes, provide the details by:

- Attaching a copy of the Immunisation Record from the Child Health Record book or the Childhood Immunisation Register or
- Completing the table below using the child's immunisation record to provide the dates of immunisations received.

Immunisation	Birth	2 months	4 months	6 months	12 months	18 months	4 to 5 years
Hepatitis B							
DTPa (diphtheria, tetanus & acellular pertussis)							
Haemophilus influenza (type B)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
MMR (measles, mumps & rubella)							

Meningococcal C							
Varicella (VZC)							

Additional Immunisations for Aboriginal and Torres Strait Islander children (if required)

	12-18 months	18-24 months
Hepatitis A		
Pneumococcal polysaccharide (23vPPV)		

***Other information**

If there is anything else that the children’s service should know about the child?

Confidentiality of enrolment records

The proprietor of the children’s service must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child where expressly authorised by the parent or prescribed in the Children’s Services Regulations 2009 (regulation 35(1) (d-e)). Information relating to the centre’s privacy and confidentiality policy is located in the centre handbook.

Lawful authority

Parents: All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as lawful authority. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order such as under the Family Law Act may take away the authority to do something or may give it to another person.

Guardians: A guardian of a child also has lawful authority. A legal guardian is given authority by a court order. The definition of a guardian under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Declaration and consent to emergency medical treatment

I _____ (print full name) as a person with lawful authority of the child referred to in this enrolment form:

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.
- Consent to the staff of the children’s service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children’s service.

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service as soon as possible.
- Declare that I have been provided with a copy of the service handbook and consent to abiding by the policies and procedures of the children's service as outlined in this handbook. This handbook includes a copy of the service's privacy and confidentiality policy.
- Consent to the use of non-recordable video monitoring as required by the Children's Services Regulations 1998 for the monitoring of children's toilets.
- Consent to provide/purchase a SunSmart hat and to staff applying sunscreen to my child in accordance with the centre's SunSmart policy.

Parent signature _____ **Date** _____

Enrolment form and child health record checked by:

Name: Dora Moses

Position: Director

Date: _____

Signature: _____